

# i-gel AIRWAY PROCEDURE

ALWAYS USE STANDARD PRECAUTIONS

**INDICATION**

- When airway and ventilation cannot be adequately maintained by BVM or other BLS techniques and intubation is anticipated to be difficult or intubation is unsuccessful after one attempt (cardiac arrest patients) or two attempts (respiratory arrest patients)

**CONTRAINDICATION**

- Any patient with an intact gag reflex
- Patient with known esophageal disease
- Patients who have ingested caustic substances
- Tracheal stoma
- Patient < 4 feet tall or < 12 years of age

**EQUIPMENT**

- i-gel or i-gelO2 airway device
- Water soluble lubricant
- Portable suction device
- Capnometry/capnography
- Stethoscope

Size	Patient Size	Color	Patient Weight
3	Small Adult	Yellow	30-60kg
4	Medium Adult	Green	50-90kg
5	Large Adult	Orange	90 +kg

**PROCEDURE**

- Open airway and pre-oxygenate with BVM for 1-3 minutes with 100% O2 at a rate of not less than 12 ventilations per minute. Avoid hyperventilation in cardiac arrest.
- Apply a thin layer of water-soluble lubricant to the back, sides, and front of the cuff. Ensure that no bolus of lubricant remains in the bowl of the cuff.
- Position the head into the “sniffing” position or neutral position if trauma is suspected.
- Remove dentures or removeable plates before placing inserting tube.
- Without exerting excessive force, glide the device downwards and backwards along the hard palate with a continuous but gentle push until definitive resistance is felt. A horizontal line at the middle of the integral bite block represents the correct position of the teeth.
- Attach bag-mask device to i-gel airway
- Verify placement using all of the following:
  - Rise and fall of chest
  - Bilateral breath sounds
  - Absence of epigastric sounds
  - Capnometry/capnography or Colormetric Device
- Secure the tube with tape or commercial tube holder.

**SPECIAL CONSIDERATIONS**

- If there is any doubt about the proper placement of the i-gel airway, remove device; ventilate the patient with BVM for 30 seconds and repeat sequence of steps.
- If unsuccessful on second attempt, resume BLS airway management.
- If an excessive air leak during IPPV is noticed, use one or all of the following:
  - Hand ventilate the patient with gentle and slow squeezing of the reservoir bag.
  - Limit estimated tidal volume to no more than 5ml/kg.
- If all of the above fail then change to one size larger i-gel.